

Refusal of Work Questionnaire - Employer

Claimant Information:

Last Name: First Name: MI: SSN:

Employer Name: Employer Account #:

Under Section 603 of the Illinois Unemployment Insurance Act, an individual shall be ineligible for benefits if he/she failed, without good cause, either to apply for available, suitable work when so directed by the employment office or the Director, or to accept suitable work when offered to him/her by the employment office or an employing unit, or return to his/her customary self-employment (if any) when so directed by the employment office or the Director. Please provide details about the refusal. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Section A: Refusal of Work Information

Did the claimant receive an offer of work or a referral from the Employment Services or an employing unit? Yes No

If No, then no further information is required. *Skip to Section B.*

What is the name and address of the employing unit making the offer?

Employer Name/Doing Business As:

Address 1:

Address 2: (Apt, Floor, Suite, etc.)

City

State:

Zip Code:

What is the name and title of the person who made the offer?

Name:

Title:

How was the offer of work conveyed? (Check all that apply)

In Person Telephone Letter E-mail Other (Please Explain)

What was the date of the offer of work or referral to a job? / /

What was the start date of the job? / /

What were the scheduled hours and days of work?

Scheduled hours and days of work

Starting rate of pay \$ per (Hr/Day/Week/Etc.)

Work Location

Job Title:

Job Duties:

What was the reason for the refusal of work/referral?

Provide details of past employment including dates of employment, job duties, training and experience in this type of work.

Section B: Signature

Signature:

Title:

Date:

Name (Printed)

Telephone:

Ext.